As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: *(check one applicable item below)* ☐ supplemental □ design □ continuation ☐ continuation-in-part (CIP) ☐ divisional INVENTORSHIP IDENTIFICATION My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: 11 TITLE OF INVENTION à.£ Modified Polyisobutylene Succinimide Dispersants Having Improved Seal, Sludge, and Deposit Performance insert title above 13 SPECIFICATION IDENTIFICATION ا ا ا ا ا the specification of which: (complete (a), (b) or (c)) #:# (a) **I** is attached hereto. (b) □ was filed on \_\_\_\_\_ as □ Serial No. 0\_/\_\_\_ or ☐ Express Mail No. \_\_\_\_\_, ☐ and was amended on \_\_\_\_\_ (if applicable).

## **ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

## **POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number.)

David M. Shold, 31,664 Samuel B. Laferty, 31,537 Teresan W. Gilbert, 31, 360

Michael F. Esposito, 29,506 Joseph P. Fischer, 31,758 Jeffrey F. Munson, 45,705



## SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
David M. Shold
(440) 347-1601

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S) 4 : 4 4 : 4 Walt the Full name of sole or first inventor 13 Stachew Carl (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Inventor's signature FI Country of Citizenship United States of America Portage, Michigan 49024 Residence (city and state or foreign country) 7542 Woodcrest Street Post Office Address Portage, MI 49024 Full name of second joint inventor, if any Gordon Lamb (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Country of Citizenship \_\_\_\_ Great Britain Residence \_\_\_\_ Mickleover, Derby, DE3 5UF United Kingdom Post Office Address 19, Wren Way Mickleover, Derby, DE3 5UF United Kingdom

¥.	*Full name of third join	t invega, if any	
	William	D	Abraham
	(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	Abraham (FAMILY OR LAST NAME)
think the distribution of the state of the s	Inventor's signature _	With Dalul	
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	Mary (GIVEN NAME)	Galic	Raguz
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	CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION		
	☐ Signature for fifth and subsequent joint inventors. Number of pages added		
	□Added pages to combined declaration and power of attorney for divisional continuation, or continuation-in-part (CIP) application or for claiming priority from a provisional application.		
	□ Number of pages added * * *		
	If no further pages forn	n a part of this Declaration then end and check the following item	d this Declaration with this page

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